



EMPOWERMENT SCHOLARSHIP ACCOUNT
FALL 2012 APPLICATION
ELIGIBILITY DETERMINATION

Time Stamp:

Comment [a1]: Every Application is time stamped upon arrival. Be sure you meet the deadlines!

Student Name:		Current Grade:	Birth Date:
Address:	City/State:	Zip Code:	
County:	Phone:		
Applicant Parent Name:	Address:		
Contact Phone:	E-mail Address:		
How would you like the department to contact you? Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/>			
Please answer the following questions regarding the 2011-2012 school year:			
Did the student attend an Arizona public school for the first 100 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, please provide the following information:			
School # 1			
School District/Charter Holder:	Dates of Attendance: ____/____/____ → ____/____/____		
Public School Attended:			Grade (2011-12):
School Address:	School Phone:	SAIS#:	
School # 2			

Comment [a2]: Please provide an accurate mailing address. No P.O. Boxes will be accepted.

Comment [a3]: All ESA documents must be processed by ONE applicant parent. This will be the parent that will be signing all documentation throughout the process and be responsible for administering the ESA funds.

Comment [a4]: If you provide an e-mail address you will receive updates from ESA staff that include deadline reminders, answers to FAQs and confirmation of receipt of applications and paperwork by the department.

Comment [a5]: If the answer is "No" then the student does not qualify for the ESA scholarship unless they've received a Displaced & Disabled STO (See the STO Application).

Comment [a6]: Please do not abbreviate or shorten the name of the school.

Comment [a7]: You can get the SAIS number from your public school if you do not know it. ESA Staff can also look it up if the space is left blank.



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School District/Charter Holder:	Dates of Attendance: _____ ➡ _____/_____/_____	
Public School Attended #2:	Grade (2011-12):	
School Address:	School Phone:	
School # 3		
School District/Charter Holder:	Dates of Attendance: _____ ➡ _____/_____/_____	
Public School Attended #2:	Grade(2011-12):	
School Address:	School Phone:	
Please check each box that applies to the student:		
<input type="checkbox"/> Student is identified by a school district as having a disability as defined by A.R.S. §15-761		
<input type="checkbox"/> Student is identified as having a disability under Section 504 of the Rehabilitation Act (29 US Code §794)		
<input type="checkbox"/> Student has an Individualized Education Program (IEP) and is eligible to receive services from a school district pursuant to A.R.S §15-763		
Please indicate the student's disability category found on the student's IEP/MET or 504 Plan:		
Please submit at least one of the documents below to support the student's eligibility. All documents must be current. No other documentation will be accepted for determination purposes.		
<ul style="list-style-type: none">• IEP• Multidisciplinary Evaluation Team (MET) eligibility determination• Section 504 Plan		

Comment [a8]: Please do NOT submit any other documentation pertaining to your child's disability unless requested.

Comment [a9]: ESA staff requires the IEP/MET/504 documents to be developed by a public or charter school. No private school determinations (ISPs) may be used.



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Is the submitted IEP/MET/504 Plan **current**? Yes ☐ No ☐

*IEPs are current for one calendar year.

*METs are current for three calendar years.

*504 Plans are current for one calendar year.

**School Verification forms* must show a current determination from one of the above documents.

Comment [a10]: Be sure your IEP/MET/504 does not expire during the application process. If it does, ESA staff will evaluate your application but will require updated paperwork before the first disbursement date.

This application is for eligibility determination purposes ONLY. If the applicant student is deemed eligible the Department of Education will provide written notice to the applicant which will include:

- Amount of funding available for the student's ESA for school year 2012-2013
- **Agreement** which must be signed by the parent and submitted to ADE by **June 15, 2012** in order to receive funds for the 2012-2013 school year
- Instructions and restrictions on use of funds

Comment [a11]: If you receive an agreement packet please review the documents completely and make a copy for your records before returning the agreement to the department.

I certify the information provided in this application, including any supporting documentation, is truthful and accurate.

Applicant Parent Name:

Signature:

Please send completed application and additional materials by mail, e-mail or **hand delivery** to:

Arizona Department of Education
Empowerment Scholarship Account
1535 W. Jefferson – Bin #2
Phoenix, Arizona 85007

ESA@azed.gov

Comment [a12]: If you hand deliver the ESA applications, ADE staff will NOT make copies. Be sure you have already made appropriate copies of all documents before submitting your application.

Comment [a13]: Faxes will only be accepted if you first contact ESA staff ESA@azed.gov

Applications must be completed and submitted to ADE by **May 4, 2012 at 5pm**. Late applications will not be reviewed for the current enrollment cycle.